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ORIGINAL ARTICLES.

ENTERIC (TYPHOID).

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IT has been bourne in upon me in lecturing to students at the Hahnemann Medical College of the Pacific and more lately to the students at the London Medical Missionary School, at the London Homœopathic Hospital, that they could grasp therapeutics and pharmacology better when drug actions were "displayed" in close and concise comparison—tabulated when possible—according to the various parts affected, or their specific actions in various phases of any disease.

Last year at the London Homœopathic Hospital I thus displayed in tabulated comparison the drugs usually called for in enteric fever, as I found that every missionary was going out into countries much subject to this disease.

The pleasure it gave, and the ease with which they mastered these drugs, when so displayed, at once set me to tabulating the eleven chief remedies suitable to malaria also, which, of course, embraced much more labor than the tabulation here set forth for enteric.

I have before me now some letters from missionaries all highly appreciative of this method, which I have never seen attempted before.

One question which astonishes and puzzles all beginners in Homœopathy is *that we do not lay more stress on "microbes" when presenting pharmacology and therapeutics.*

It is well to clear the field of "carping criticism" right here! We Homœopaths, each and every one of us, recognize the role (as known by the latest word on bacteriology, which we all study as fully as any allopath), BUT (I spell "BUT" in capitals) notwithstanding the microbes—bacilli or cocci—our medicines act curatively—in spite of—or in the presence of the most virulent microbes, and our comparative mortality statistics will bear witness that our drugs do this much more successfully when chosen on the Law of Similars (homœopathically) and according to our accepted dosage, whether in "high or low" potency, for all sorts of "dosage" act (in some phases one or the other potency is more efficacious at times than the other), hence members and patrons of our school should be ever ready to run the whole length of "potency" when they choose a remedy for its homœopathic action, bearing in mind that we always avoid any "dosage" which may, or can aggravate, or add a "drug disease" on top of, or instead of, the disease as presented by nature.

With Homœopaths it is ever *how little* medicine can we give which will successfully stimulate *"Nature's vital reactive forces* to aid Nature to repair or repel.

In allopathy they seem to seek a drug or dosage which will select out and destroy microbes—in situ—forgetting or ignoring that such a powerful dosage may actually go beyond such an objective (if that can be accomplished), and actually destroy other vital tissues, forces, or even injure an organ, so that they may *substitute or create an organ disease.*

To any neophyte who may read these lines, we will add, for his benefit, what *we* all know, that the drugs we use have previously obtained actions well known, exact and precise, which may be of general or only local action.

To such neophytes it is necessary to state that all our drugs are tested first on healthy—volunteer—human provers, who have personally tested them and suffered therefrom. Hence, when we name the following drugs *we know absolutely* what actions they will cause and cure.

If the resulting action is not what we wish, then it is wiser to suspect our individual judgment and selection rather than doubt the law of cure.

To any allopath who may doubt, or be unjust to himself as to sneer, we suggest that such an one ought first to "test" our statements carefully and conscientiously before condemning, and such an one ought to be encouraged by our unbroken testimony of 117 years, and also by our evident truthfulness and desire to benefit mankind generally.

Perhaps the greatest stumbling block I experienced in students' minds was the malarial plasmodium and its well known cycle of incubation.

Did not this cycle want a dosage huge, strong and even almost repellant to the patient? How else could the "enemy" be routed?

And it was almost as bad in enteric! Only I faced them with the fact of the ever-changing therapy of allopathy, which pointed to the fact that they, the honest allopaths, were at least not quite satisfied with their medicaments and line of treatment, whilst we had a *certainty* to work on.

if the individual talent can adjust the relationship of disease symptoms to drug symptoms.

Against this slaughter of the invading hosts, in situ, I always pointed out the warnings of the allopaths themselves, and no more singular instances of this is shown than on pages 908-915 of Sir Clifford Allbutt's (Regius Professor of Medicine at Cambridge University) "System of Medicine by Many Writers," here speaking of their treatment of cholera Asiatica.

I will speak of their "ANTISEPTIC PLAN," as he calls it, (which means the direct slaughter of the microbes, in situ, and he is speaking for the guidance of the profession, please remember), "The antiseptic plan aims at neutralizing the poison in the intestinal. . . . Acids and GERMICIDES of *many kinds have been administered with this view,* but this plan may simply result in adding *poison* to *poison,* or irritant to irritant, in hindering a process of salutary decomposition or in destroying the leucocytes or *innocuous organisms and their products which may be doing good work. Practically the plan has failed to cure cholera.*"

This is also his concluding testimony of the four other "plans" here outlined (small) for the guidance of the profession. "All have failed," he says, and I think our and their *recent* and *century averages* will bear this out.

Allbutt says of cholera: "About one-half of those attacked with cholera recover (or die) WITH OR WITHOUT treatment (which means "medicines" or "germicides," and this is sad reading, especially for those attacked). What if the Homœopaths were to tell the world that patients "stood the same miserable chance—*with* or *without medicines?*" What would happen?

Here, then, is a typical instance of "attacking the microbes 'in situ'" and its acknowledged failure! It is a different thing to stimulate Nature (by raising the opsonic index) to thwart the microbes.

As our average mortality rate in cholera is about 16 per cent., and that of allopathy stands at about 50 per cent. (here confessed to) to 60 per cent. (Sir Wm. Osler says 30 to 80 per cent.), and that these averages have remained constant, to-date, with the allopaths in spite of the cleverest endeavors of highly trained pharmaceutical chemists and laboratory experiments, and the 16 per cent. with us, since Hahnemann first outlined the homœopathic treatment of this disease in 1833, we have a right to claim a "superior method" of therapeutics (and one which on the face of it carried a certain amount of exactness) even in the presence of microbes—of all sorts—including bac. typhosus.

We Homœopaths are just as keen as anybody or any school in prophylaxis, that is, the "prevention" of enteric (or any other disease).

Sir Wm. Osler (Regius Professor of Medicine at Oxford University and late ditto of Philadelphia and McGill's) has said that "the Homœopaths are wide-awake," which is honorable testimony, and yet his pronouncement has not yet led to a satisfactory, or indeed to any, enquiry into our methods by the allopathic school.

The "why and wherefore" is a sad commentary on the status of the profession, and one which needs the pressure of "public opinion" to rouse them from their LETHARGIC NEGLECT OF THE RIGHTS OF THE PUBLIC!

With this preamble we go on to the comparative tabulated study of the various drug actions of some few drugs in most common use by us in the treatment of enteric, registering the fact that we acknowledge the rule of the bacillus typhosus (as known to the most up-to-date bacteriology), and yet we feel confident that we have a sure help to use in this disease, and one that is *easy to administer, easy of comprehension* by the profession or the laity, *easy of transport, and easy to take!* The laity, *when medical help is not obtainable,* are counselled to try Homœopathy, guided by symptoms (symptomatology) alone. Many laity have done so before with marked successes!

The "keynotes" of the following scheme were taken chiefly from the following works: Nash's "Leaders in Typhoid," a most valuable monograph, and to which I refer all those who want further enlightenment and safety, and which is pleasant and profitable reading; also many "keynotes" have been taken from Professor Dr. W. A. Dewey's "Essentials of Homœopathic Therapeutics" and his "Essentials of Homœopathic Materia Medica" and his "Practical Homœopathic Therapeutics.

When cases of enteric are under homœopathic care from the beginning, the very severe phases of this disease as here depicted hardly ever appear, and to illustrate what I mean I will quote from Nash's Leaders in Typhoid (page 6): "In my earlier practice I visited Dr. Adolph Lippe and asked him if he found the remedies that he recommended for typhoid hæmorrhages twenty years before as efficient now as then. He answered in his usual enthusiastic way: 'I don't know. I don't have any cases of hæmorrhage any more.'"

This one instance will explain why we do not see so many of the most serious phases of this disease any more.

Homœopathy simply reduces the virulence of this or any other acute disease by raising (stimulating) the natural vital reaction of the patients, raising the opsonic index of modern medical parlance.

Hoping that this "comparison" may reach the hands of students of Homœopathy and help these, and also reach the many who are laboring, perhaps with layman's skill in the back parts of the world, and there are thousands of such, I subscribe myself, ever a student, urging the propagandism of Homœopathy.

84 Holland Park, London, W January 1, 1914.

ENTERIC.

CHIEFLY OF USE IN THE PRODROMAL STAGE.

	Bryonia.	*Gelsemium.*	*Baptisia.*
General State.	Wants to lie still because all pain and symptoms, especially head, are worse from motion. (Opposite of Rhus tox.)	*Prostration* most marked of all three remedies. Wants to lie still because so weak, never worries over his condition. Dull, Drowsy, Dizzy. (3 classical "D's" of Gelsemium. Tremblings.	*Soreness* of muscles *most* marked of all three remedies. All exhalations are offensive.
Mental State and Delirium. Facial Appearance.	Face red, but *turns pale on rising,* or sitting up.	*Drowsy* with *red face,* mind *less clouded* than with Baptisia. Looks very ill.	*Drowsy,* with dull, dark, or red face, *mind very clouded. Face, "besotted."* Eyes stupid and with heavy, drooping lids.
Delirium.	About affairs of the day, or business.	Mind generally dull, stupid, apathetic rather than delirium.	Mind wanders. Falls asleep while answering questions. Fancies himself dismembered; "Cannot get parts together." Great mental depression.
Bowels.	Often constipated.	Neither constipation nor diarrhœa.	Diarrhœa. Yellow, offensive.
Decomposition.	Not marked.	Not marked.	Appears early in Baptisia; unusual fœtidity.
Mouth and Tongue.	White or yellow, parched. Parched lips. *Great thirst for large* quantities of water. (Arsenic for sips only.)	Tongue, thinly coated or not at all. Tongue *trembles* when attempting to put it out. No thirst.	Sordes on teeth. Fœtid breath. The only remedy of the three with *dark, well defined* streak down the middle at this stage.
Urine.	Scanty, high colored (generally).	Profuse (generally). Sudden desires.	Scanty, dark, offensive.
Fever.	Fever with typical great thirst for large quantities of water—often.	Afternoon exacerbation. No sweat, sometimes feels very chilly. Pulse full, flowing.	Afternoon exacerbation. Fever of greater intensity with offensive sweats.

N. B.—Dosage from θ to 200. In other words—any potency will do, if it be the correct choice. All symptoms of each or any drug may not be present, but the nearer the disease picture "the surer the relief. Beware of continuing a remedy if improvement is apparent. Let nature alone. It will pay!"—(Nash.) Careful toilet of the mouth twice a day at least. When improvement continues give dose of Sac Lac or few drops of alcohol in water for mental effect on the patient. Review the case daily or twice daily, to see if change or repetition required. Beware putting thermometer in mouth, as patient may bite it unconsciously. (Axillary temperature is at least one degree below the mouth. Rub Axilla dry before placing thermometer.)

SECOND STAGE OF INVASION.

The three foregoing remedies,, Bryonia, Gelsemium or Baptisia, may be called for in the second stage of Enteric, especially if they were not used early enough in the "prodromal" stage, hence *their characteristics* must be studied at any time of the illness—on lines of purely Homœopathic prescribing: when their "Stimulations" will cause the severity of the symptoms they cover to be satisfactorily reduced. The following drugs—also want careful study and *comparison* in their many individual phases, which are very likely to arise for some hours to a few days!

DRUGS FOR SECOND STAGE OF INVASION (ENTERIC).—Cont'd.

The many "objective symptoms" given are of the greater value for guidance, for often it is impossible to obtain coherent expressions from the patient.

	Rhus Toxicodendron.	*Phosphoric Acid.*	*Arnica.*	*Lachesis.*
General State. Mind, Delirium, etc.	Great restlessness (like Arsenicum album, but Rhus has not got the Ars. *prostration*). Cannot lie still. Must toss and change, as if temporarily better (relieved) from some movement. (Rhus tosses whole body, whilst Ars. can only move head and limbs, on account of weakness.) (Bryonia lies still and is worse from any movement). Rhus patient sinks down to the foot of the bed repeatedly. Great pains in limbs and back and spleen. Desire to escape (opium). Refusal to take medicine for fear of being poisoned. Imagination active, patient disturbed by its varied phases. Frontal headaches, and often nosebleed, which relieves headache; some pulmonary congestion at times.	Stupid, indifferent, apathetic. Lies on back very still. *Torpor.* Does not want to talk; *answers very slowly, but rationally.*	Indifference to everything. Patient does not know, or care, that he is ill. More profound depression than Phos. Acid. Goes to sleep while answering questions (like Baptisia). The stupor and apathy is the same as Phos. Acid, but there the similarity ends. Weak, weary, *stupid;* complains of sore and bruised sensation. Forgets the word he is saying (half said). Face and head hot, body cool (Phytolacca). Nose bleeds. Bruised feeling all over body. Complains that the bed is too hard. Petechia, ecchymoses, *i. e.,* livid, blue or black discolorations just under the skin, like bad bruises, showing vital changes in the blood; in fact, they are superficial hæmorrhages.	Practically useful in the second stage only. Mutterings, stupor, or almost complete insensibility; sleepy, loud breathing, with mouth wide open. Restless, dislikes anything round the neck or chest. Throws off covers from upper part of body (Hyoscyamus throws all covers off the whole body). If sleeps, symptoms are aggravated on waking. The more he sleeps the worse he feels or complains. (Lycopodium awakes very cross and often *cries* or *screams* in fretful temper.) Great sensitiveness. Hæmorrhages from any orifice of the body.
Bowels, Abdomen, Urine.	Involuntary diarrhœa (like Hyoscyamus). Yellowish-brown stools of offensive and decomposed odor, but not so offensive as Baptisia. (Stram.: Stools smell like carrion and are blackish.) Abdomen tympanic, and sensitive over the ilio-cæcal region.	Abdomen distended and bloated, stools often contain undigested matter. (Intestinal hæmorrhage at times.) Much rumbling and gurgling and painless diarrhœa. Often pale yellow, watery, light coloured, even white (Compare Verat. Alb.)	Stools and urine are apt to be involuntary. Brown to white diarrhœa. Abdomen distended. Sore sensations and to touch.	Stools (often involuntary) very offensive, whether formed or not. Indicated in hæmorrhages from the bowels, which are apt to be of dark blood. (But hæmorrhages may occur from any orifice of the body.) This decomposed blood looks like *charred straw.*
Face, Mouth, Tongue.	Mouth dry as a board, brown, cracked. Tongue has a bright red point in the shape of a triangle, with the tip pointing backwards. (Bapt., dark line down centre.)	Tongue dry, teeth covered with sordes, (like Arsenic, Baptisia and Colchicum and Lachesis). Face stupid, with fixed, glassy stare (opposite to Stram., which has desire to talk and wild look).	Brown streak down middle of tongue (like Baptisia). Putrid breath. Lower jaw drops (in extreme conditions of stupor).	Dry, cracked lips. Black mouth, tongue and teeth (sordes), can't protrude tongue, as it catches on lower teeth. Tongue trembles when protruded (like Baptisia). Dropping lower jaw.

DRUGS FOR SECOND STAGE OF INVASION (ENTERIC).—Contd.

	Arsenicum Album.	*Carbo Vegetabilis.*	*Muriatic Acid.*
General State, Mind, Delirium, etc.	Useful late in the disease when *vital forces seem* exhausted. Any motion exhausts completely and makes the patient worse. *Restlessness, Anxiety, Anguish;* burning sensations. Excessive thirst for little at a time (sips). (Bryonia, great thirst for large quantities.) Restlessness shown by constantly moving head and limbs. Can't move trunk because of great weakness. (Rhus tosses whole body.) All symptoms worse about midnight or especially at 1 A. M. (Compare Carbo Veg., Mur. Acid, but Ars. prostration has *anguish* and *restlessness.*) Cold sweat (Verat. album) and delirium. Fever intense.	Useful in extreme cases of collapse, pulseless, paralytic condition. Features deathly pale, sunken, cold, with hæmorrhage from any or all orifices. Rattling breath (often showing threatened paralysis of lungs). Lips, tongue, nose and extremities very cold, (especially lower limbs). Cold sweat on limbs. Cyanotic blueness of face. Difficult breathing; wants to be "fanned." The prostration is beyond that of Arsenic, indeed the whole picture is different. (Improvement created by Carbo veg. is well carried on by China off. The China collapse comes at the end of decreasing forces; China is complimentary to the convalescent state.) (Camphor and Veratrum album have also very sudden collapse.) Carbo veg. prostration *lacks* the anguish and restlessness of Ars. album.	Rather like Carbo veg., useful in seemingly hopeless cases. Febris stupida. Patient sinks to bottom of bed (Rhus). Like Carbo veg., this remedy *lacks* the extreme anguish and restlessness of Ars. alb. Groaning in sleep. Muttering unconsciousness. When awake lower jaw drops. Cannot move body. Heart feeble—pulse intermits every third beat. Cold extremities. Bed sores.
Bowels, Abdomen, Urine.	Watery diarrhœa; brownish, dark or bloody. Very offensive. Great prostration may be marked after effort of stooling.	Abdomen meteoristic, rumbling, gurgling. Diarrhœa with cadaverous smell and often involuntary.	Putridity of stools, which are involuntary, while passing urine. Bleeding from anus itself. Stools often watery.
Face, Mouth, Tongue.	Mouth and teeth covered with sordes, mouth full of ulcers. Burning pains. Tongue either red, dry and cracked, or black and stiff.	Cyanotic blueness of face. Lips, tongue and nose cold.	Lower jaw drops when awake. Tongue shrinks, seems to be 1/3 actual size. Tongue paralyzed, dry, rattles in mouth. There may be deep blue ulcers on tongue and gums.

Keynotes: Comparison of Drugs, also for the later stages of mismanaged or complicated Enteric.

	Opium.	*Hyoscyamus.*	*Stramonium.*	*Apis Mellifica.*	*Veratrum Album.*
General State, Mind, Delirium, etc.	Stupor complete. Lies speechless, often with eyes wide open, or half open. This state may alternate with wild delirium, loud talking, or attempts to escape (Rhus tries to escape.) Leading keynote *Stupid State.* Intense sleepiness — *with acute hearing;* clocks striking, and cocks crowing at a great distance, keep patient awake. Low stertorous breathing. Hot sweat (a bad omen), and very high fever.	Typhus type. Entire loss of consciousness, and of functions of all organs of sense. Delirium continues while awake. *Sees persons who are not, and have not been present,* muttering to them. Staring at surrounding objects and *reaching into empty space* for them. *Picking of bed clothes. Twitching of muscles.* Jerks his head up suddenly from pillow. (Subsultus tendinum.) Sleeplessness (with or without staring eyes; or constant sleep with mutterings —one tendency of Hyoscyamus is to *discard all* clothes. (Lachesis — uncovers upper part of body only.)	This delirium differs from any other drug in the degree of intensity. Here we have *raving* that is something awful. Singing, laughing, grinning, whistling, praying piteously or swearing hideously, and above all remedies. *Loquacious.* Throws himself into all shapes, crosswise, lengthwise, or like a ball, or stiffened out by turns. *Later.* Complete loss of sight, hearing; speech with dilated pupils, and drenching sweat, which brings no relief, and death must come soon if Stramonium does not change this. Stramonium is most wildly *Loquacious.* Hyoscyamus most insensibly *stupid.* Belladonna stands half-way between the two.	(First mentiond by Dr. Adolph Lippe.) Great apathy, or stupor, *interrupted with occasional sharp screams.* Spells of whining and general trembling, which is continuous and so violent as to shake the bed. (Compare Zincum.) Its use is late in a badly conducted case. *Skin* hot and dry or profusely sweating.	Sudden rapid sinking of vital forces, to complete prostration. *Sudden collapse* (the Carbo veg. has sudden collapse after gradual weakening. The China has gradual collapse. Verat. alb. has the most sudden —*unexpected* collapse. Verat. alb. *especially* on *ore* has *cold sweats, especially on* forehead. Cold breath. Hippocratic face; nose pointed and cold; blue and white round mouth. (Useful in cholera with these symptoms.) (Camphor has same *sudden* collapse with total absence of sweat. It has icy dry chill, yet notwithstanding the chill — camphor cannot bear to be covered.)

Keynotes: Comparison of Drugs, also for the later stages of mismanaged or complicated Enteric.— Continued.

	Opium	*Hyoscyamus.*	*Stramonium.*	*Apis Mellifica.*	*Veratrum Album.*
Bowels, Abdomen, Urine.	Stools involuntary. Urine generally contained.	Urine retained, suppressed sometimes involuntary. Paralysis of the sphincter ani and vesica. Sometimes both stools and urine involuntary. (Mental symptoms must decide — any other doubt.)	Stools loose, blackish, smelling like *carrion* (compare Rhus and Baptisia) or no stool or urine, but here (and elsewhere) the mental symptoms must dominate the choice of drug. Mental symptoms aggravated when stools and urine stop. Mouth quite raw.	Abdomen distended, sore and very sensitive to touch. Stools foul, bloody, often involuntary. *Anus* sometimes remains *open* (like phosphorus), or abdomen may be very sunken (like a soup plate) with no stool and scanty or suppressed urine.	The typical stools of this drug (see cholera) are gushing, explosive, rice water, in varying degrees of intensity. The general conditions guiding here (as elsewhere) in the choice of drug. Sudden collapse with *icy cold sweats* being the key.
Face, Mouth, Tongue.	Face dark red, bloated; low stertorous breathing.	Tongue red, or dry, brown, cracked (may be paralyzed): puts it out slowly on request and forgets to draw it back in again, or cannot put it out at all. Sordes on teeth and cadaverous smell from mouth.			

Keynotes continued.

Arum Triphyllum.	*Zincum Met.*	*Lycopodium.*	*Helleborus.*	*Calcarea Carb.* (or *Calcarea Ost.*).
Mouth red, *raw, even bloody.* Patients will pick and bore into raw surfaces, causing them to cry out, but still they keep on picking and boring. (These conditions also seen in scarlet fever.) High fever and delirium is not a counter-indication for a few doses to be given to relieve this distressing symptom.	Violent trembling, shaking the bed. *Twitching.* Deathly cold to knees and elbows. Hippocratic face. Impending paralysis of the brain. Pulse so weak and quick it can't be counted and intermits altogether at times, useful only late in the disease.	A few intercurrent doses of this remedy will overcome the very trouble — some meteoristic distension of the abdomen and the accumulation of gases which cause pain, often accompanied by loud rumbling. There is generally a tendency to constipation, and delayed exanthum; the mental characteristic is very cross, especially on waking, when children will wake up scolding, screaming, or irritable. Urine is scanty, high colour, and often has a red, sandy (uric acid) deposit on standing. General aggravation, all symptoms in the late afternoon, (4 to 8 p. m., is another marked characteristic of great value in Lycop).	If appearance becomes *idiotic* on the sudden stopping of loose stools and urine (when a few doses will generally relieve) with widely dilated pupils which do not respond to a bright light. Hearing very slow and weak.	If at end of second week the *Exanthum* or *miliary rash has not appeared,* give a few doses of this drug, which has been often clinically proven of value, then proceed with the properly selected remedy as before.

	Nitric Acid.	*Arnica.*	*Terebinthinum.*	*Geranium Maculatum.*	*Hamamelis Virginica.*
Hemorrhages.	Bright red blood, evidently from ulcerations in the intestines (Peyers Patches). Active hæmorrhages. Think of its action on general ulcerations.)	*Bright red blood,* but *clotted.* *Lachesis.* Hæmorrhages of dark blood-like charred straw.	Hæmorrhage *with extreme tympanitis.* Bright red tongue, which is smooth and glossy, as if deprived of all its papillæ.	We obtained this from the Boers. They boil some of the root in milk. We give some of the θ (Mother Tincture) or 1x to 6x generally used in fairly low potency. (Not well proven, but used on clinical evidence.)	*Very dark venous* blood, generally with very great *soreness* in abdomen, use internally and lay cloths wet with strong dilution over the abdomen.
	Millefolium.	*Alumina.*	*China Officinalis.*	*Adrenalin.*	*Other Remedies*
	Bright red, fluid continuous, painless hæmorrhage. (This is valuable for such symptoms from any part of body.) Absence of anxiety on part of patient.	Blood passes in *large, coagulated masses* (clots), resembling liver.	*Profuse* hæmorrhages where there is *fainting.* from loss of blood, ringing in ears, loss of sight, and especially valuable in convalescence when the effects of the loss of blood are long lasting.	Think of this, if the other remedies are not at hand, or should any hæmorrhage persist, through wrong choice having been made; (not proven, but clinically found useful).	*To bear in mind.* Thlaspi Bursa Pastoris, Cinnamon Tea (infusion). Dilute vinegar in small sips.

SPECIAL REMARKS.

Pyrogen.

For too long continued Pyrexia (high fever) in masked cases:—In these cases there seems to be a virulent Septicæmia. Dr. Burnett, of London, always gave this with marked reduction of the septic invasion, and a perceptible lowering of the fever. (Dr. Kroner, of Potsdam, has told me of a series of eleven cases of puerperal fever (consecutive) all cured quickly with only Pyrogen 10x. This is mentioned here to prove its value over sepsis). Give it a trial in Low Septic States, where the *fever* seems to be burning up all vital force—even as an intercurrent for a few days.

Sulphur.

In some cases the heredity of the patient calls for one dose (or several doses) of Sulphur, before the otherwise *indicated remedy* will act properly. If such be found to be the case, then give a few doses of Sulphur 6x—12x—30—or higher, and then revert to the drug indicated. The value of this measure has been proved "clinically" times without number.

Antimonium tartaricum.

In some cases the amount of phlegm seems to prevent the lungs from absorbing the required oxygen. It is legitimate to prescribe a few intercurrent doses of this drug to clear away the obstructed phlegm. (Do not give low, as it is a heart depressant in doses prescribed by Allopathy.) The symptoms are marked cyanosis; coarse rattling breathing; coughs but can't raise phlegm.

GENERAL NOTES.

Sanitary Precautions.

The utmost care must be taken to disinfect all "ejecta" and whatever object has been used by or near the patient (or in the room) including the nurse's own hands (especially) and garments.

Prescribing.

There must be no routinism in prescribing! Observe the "picture" of the disease, presented by the individual case, and prescribe that drug which most nearly has caused these symptoms in the healthy "prover," or those symptoms gleaned from "accidental poisonings," which *graver symptoms* we have classified and recorded faithfully, for guidance in just such grave cases, as above outlined, for it cannot be expected that all the above symptoms could be the (too heroic) work of even enthusiastic "provers."

Potency.

The *potency* is not of the greatest importance; but if you have selected "the most nearly resembling drug" it is sometimes wise to change the potency, before rashly changing the remedy—or even to suspend all medicine for half a day—in such cases which are not "in extremis."

Quality.

But the *quality* of the drug must be beyond suspicion and from stock of proved value!

84 Holland Park, London, W., Jan. 1st, 1914.

POLIOMYELITIS.

Some conclusions drawn from recent studies.

BY J. P. COBB, M. D., CHICAGO, ILL.

I MAKE no pretense in what I am about to present that I am offering you anything new in the study of Poliomyelitis.

In recent years, as a result of the various epidemics, there has been a great deal of laboratory research and clinical study devoted to epidemic Poliomyelitis.

We are especially indebted to the work that has been carried on at the Rockefeller Institute for Medical Research, to Wickman, to Muller, to Anderson and Frost, to Rosenau, and to many other observers: I wish also to acknowledge the very careful resume made this year by my colleague, Dr. Anson Cameron, at Chicago, and read at the meeting of Illinois Homœopathic Medical Association in May.

ETIOLOGY.

As a result of these various studies, there are some things that have been very positively determined. First, that epidemic Poliomyelitis is an infectious and contagious disease; that it is due to a specific virus belonging to the class of organisms which are ultra-microscopic in size.

It is interesting also to know that the microorganism has a comparatively short life, but that it is very rapidly disseminated in the body. It has been determined that the principal source of ingress and egress from the body is through the nasal mucous membrane. The deep nasal passages are in closer proximity to the cerebral meninges and by lymph channels have a direct communication with them, hence the route to the cerebro-spinal axis is short.

The experiments in the hygienic laboratory of the California State Board of Health, as well as those by Anderson and Frost, have not confirmed the opinion that the biting stable fly is an important factor in the dissemination of the poison; the protection of patients from stable flies is, however, believed to be an important step in the control of the spread of an epidemic .

The report of the Buffalo epidemic of 1912 by the New York Commissioner of Health emphasizes several points in the etiology; viz., that a continued high temperature favors the spread of the epidemic; that in only eighteen per cent. of the cases could direct exposure to an infected case be traced; that the number and activity of stable flies corresponds directly with the number of new cases; that the presence and activity of house flies and fleas bear no relation to the spread of the disease, and that the disease is forty-six times more prevalent in children under ten years of age than in older people.

INCUBATION.

The incubation period varies from a few days to three weeks. In epidemics the majority of cases appear from the third to fifth day after the exposure. There are no distinctive prodomal symptoms—some fever, apathy, and malaise, not characteristic, are usually observed.

The early symptoms include not only fever, but a profuse sweating, drowsiness, apathy and irritability. In addition to these indefinite symptoms, many cases show a general hyperæsthesia, sensitiveness to touch, with pain on anterior flexure of the cervical vertebræ; spinal rigidity is also usually marked. While there are no characteristic symptoms preceding the paralysis which usually comes suddenly, the group of symptoms outlined above should excite a suggestive diagnosis which is to be confirmed or dispelled by the onset or absence of the paralysis.

It is, however, to be borne in mind that there are in every epidemic cases which have little or no paralysis and that it would be manifestly wrong to make the diagnosis solely on the presence or absence of the paralysis as the non-paralytic and possibly ambulatory cases are more potent in the dissemination of the virus.

In addition to the hyperæsthesia, some patients complain of pains which are like the pains of neuritis. Others present respiratory and gastric symptoms.

DIAGNOSIS.

While the diagnosis of Poliomyelitis many times cannot be made except on the appearance of the paralysis, we should remember that the type of the paralysis will depend largely upon the tissue involved and is not always the same, the common type giving the flaccid paralysis due to involvement of the cord, while the less common involvement of the upper motor neurone will result in a spastic paralysis. Yet, as has been remarked in discussing the early symptoms, the diagnosis should not depend solely upon the appearance of this paralysis. No particular diagnostic help is obtained by blood examination, the picture showing nothing definite.

The examination of spinal fluid, however, while formerly claimed to be of no particular diagnostic value is looked upon today as having a negative value in that the moderate increase in the pressure, the great increase in the number of cells and an absence of bacteria help to differentiate it from meningitis of any type. A still further diagnostic aid may be obtained from tubercular tests in an effort to rule out tubercular meningitis.

PATHOLOGY.

Both laboratory studies and clinical observation demonstrate that the disease like the other infectious diseases is a general systematic disorder—that the lymphoid tissue readily responds to the infection and cellular exudates are early results. This exudate may attack any part of the cerebro-spinal axis. In addition hæmorrhages and œdema help to complete the pathological picture.

Many of the early symptoms are those due to pressure and it is easy to understand why the first paralysis is often so overwhelming and so much more marked than the residual paralysis. Hæmorrhagic and even necrotic lesions are found in other organs and tissues. No part of the general lymphatic system of any lymphoid tissue is exempt from the possibility of pathological changes.

CLINICAL CLASSIFICATION.

Most all of those who have given Poliomyelitis any special study, either in research laboratories or in the course of an individual epidemic, have evolved their own clinical classification. The simplest and most comprehensive would seem to be that based on the pathology and on this basis three types are usually discussed. First, the abortive: second, the cerebral group, and third, the bulbo-spinal group.

ABORTIVE.

As has been referred to before, there are in every epidemic a certain number of cases that show many of the early symptoms, including fever, apathy, or irritability, hyperæsthesia or possibly pain with or without gastric symptoms which are not accompanied by any paralysis or by so small amount as to be overlooked under ordinary conditions.

These cases are not common as endemic types, but are fairly common in epidemics and, of course, can be explained on the ground of the relative immunity or resistance of the individual. While these cases make perfect recoveries and often are not sick enough to be confined to the bed or even to the house, they are good carriers of infection and should be quarantined with the same care as though suffering with the more severe type of symptoms.

CEREBRAL.

Different epidemics vary in the proportion of cases which can be grouped in the second or cerebral type. These cases usually are of sudden onset with early involvement of the respiratory and the gastric centers and with evidences of profound toxæmia. It is in this class that the majority of fatalities occur.

BULBO-SPINAL.

The third or bulbo-spinal type includes the large number of cases which present a typical group of symptoms, including fever, emesis, irritability, hyperæsthesia, apathy and pain, in which after two or three days of prodromal symptoms more or less flaccid paralysis of the limbs occurs.

PROGNOSIS.

The prognosis in any epidemic should be guarded, as it is always an uncertain quantity. While a fatal result rarely occurs in endemic cases, the mortality in the various epidemics has ranged between five and twenty per cent. Death is most commonly due to the overwhelming involvement of the respiratory center, but death is not the only end result and our prognosis is fully as much concerned with the resulting paralysis.

It should be borne in mind that the majority of the cases have more or less permanent disability as a result of the motor paralysis and that we can never be sure that any individual case, however light it may appear, will make a complete recovery. Improvement or diminution of the residual paralysis under treatment may continue for two years.

TREATMENT.

There is no specific treatment for the disease. It is still a mooted question how much remedial value is obtained by spinal puncture. Like all other infections, however, the disease is systematic and presents certain definite symptoms of systematic involvement; the possibility of modifying and controlling these inflammatory changes, toxic in origin, is as much of a possibility as the control of the toxic inflammatory changes in other infectious diseases, and we should strive as we do in pneumonia or scarlet fever to limit the destructive tissue changes.

The most important treatment is the prophylactic treatment which has for its object the prevention of new cases. Realization that the usual egress as well as ingress of the poison is through the nasal mucous membrane suggests that efforts should be made to prevent the dissemination of nasal discharges of the patient, and also suggests that frequent cleansing, or still better, protection of the nasal passages of the uninfected is a good prophylactic measure.

An absolute quarantine should be maintained; this quarantine should be an absolute barrier to flies. It is claimed also that the use of urotropin to the extent of 20 to 30 grains daily will render an individual much less likely to infection.

As soon as the paralyzed limbs can be moved without causing pain, systematic massage should be instituted. The object of massage is both to stimulate the activity of the muscle tissue and to improve circulation. Electricity is believed by the majority of clinicians to be of real value in helping to restore the function of paralyzed muscles or limbs. To be of value it must be administered under competent advice and observation.

The galvanic current has more control over the circulation, thus improving the nutrition of nerve tissue, both central and peripheral, while the faradic current may be used to stimulate contractions in the muscle tissue itself.

In every case showing extensive paralysis, the orthopædic surgeon should be consulted early rather than late, as his advice given early may save many severe deformities.

Tendon splitting and grafting has proven of great value in selected cases. (Southern Homœo. Assoc.)

THE COST OF THE DEFECTIVE AND HOW ARE WE TO MEET IT?

BY SCOTT C. RUNNELS, M. D., LITTLE ROCK, ARK.

IN the days of Lycurgus Sparta harbored no defectives. That early civilization grasped the need of a perfected citizenship as we have not done and dealt with the situation in a drastic, but eminently successful, manner. With the present development of our social consciousness, however, any such system of infantile murder as then existed would be abhorrent. Nevertheless we have the same kind of a situation to deal with as presented itself to Lycurgus, except that ours is infinitely amplified in scope. If we do not care to adopt the same means that proved so successful for him we must needs bestir ourselves and find others equally efficient.

The cost of the defective to society is becoming a world problem of the first importance. The greatest factor in all forms of social service is that of the mental defective. As our knowledge of the situation extends we are realizing more and more the ever-increasing weight of the incubus that society is carrying.

In the past months the question of prostitution has caught the public attention and an over access of sympathy for these "fallen women" has attributed the condition to "the starvation wage," "the white slaver" or to "feminine love of finery and the easy life." These may be factors in the situation, but they are of insignificant bearing in comparison with the almost universal defectiveness of the unfortunate girls. New York, Massachusetts, Wisconsin and Illinois have had institutions solely for the care of this class of offender for many years and thousands of "street walkers" and "house inmates" both have passed through their jurisdiction. In any consideration of the subject theirs should be the voice of authority. The statistics from Bedford, N. Y., comprising over two thousand girls, show that more than 85 per cent. are mentally defective; while the Wisconsin figures place the percentage still higher, one institution stating that 97 per cent. are three years or more under age, according to the Binet scale. Since the average age of the social offender is 16 years and since about nine-tenths of them are mentally three years or more under par we have the female side of the social problem reduced largely to the status of caring for a lot of children, with minds and morals of thirteen years or less, and the bodies and passions of a woman. A child of twelve has no sexual morals and these women with a child's mind are of a class to be forgiven "for they know not what they do."

The male side of the problem has the same factors in its constitution. Analogous to every girl that is mentally below par, having a body with no commensurate moral apparatus of restraint and who is exposed therefore to the seductions of men, there is the male, fully developed physically, with the passions and the instincts of an animal and the mind, morals and reason of an infant, who is ever on the hunt for his easy prey. Is it any wonder that there is the problem of prostitution? The pimps, the seducers and the white slavers are not men except in shape. These children of both sexes, overmastered by giant passions which are not endowed with the capacity of combatting, have supplied not only the means of gratification, but in most instances the majority of incontrollable seekers as well. Given a society that was freed of mental defectives and the problem of the social evil would be reduced by 90 per cent. at least.

The Juvenile Courts, wherever this beneficent institution has been established, are flooded with a swarm of children who are defective. In almost every instance the incorrigible cases are found to be those who test below the "33 per cent. retrograde" of the Binet scale. These "criminals" are only so because of lack of mentality. They sin because they have no ability to conceive a better mode of life. Society pays the cost not only of their depredation, but also of their support.

This class of youth soon becomes the petty thiever, the gangster, the ne'er-do-well, typified by the Parisian Apache, and later in life blooms forth as the professional criminal—the recurrent jail bird. A large percentage of our jail inmates are mentally lacking and the enormous investment which we make every year in prisons and police is much of it to be charged to the account of the defective.

The insane asylums, which in spite of their unprecedented increase of late years are still unable to take care of the hordes of mentally afflicted, bear further evidence against the defective. The great increase in the insane, the incorrigible and the pauper has gone hand in hand with the enormous saving of life effected by modern sociological methods. In many instances we only save our lower classes from destruction to have them return multiplied in numbers, bearing gifts of deficiency and demanding further help.

The charity organizations the country over are swamped by the enormous demands for assistance. It may be stated as an axiom that the reason of the dependency is personal inefficiency—inability—ofttimes defectiveness. The more we investigate the wrecks stranded on the shores of the river of progress, the more we realize that the reason they are not successfully battling the current is that there is not present the inherent motive force necessary to keep the boat's head up stream. The time-honored conception of the incompetent and the incorrigible must be changed. These wrecks are not willfully a menace to society and cannot be bettered by punishment. The prison must be largely replaced by a hospital.

Whoever has attempted to grasp the situation has after even a most cursory glimpse been appalled at the great numbers who are thrown upon

the world with wholly inadequate mental endowment. One of the brightest commentators on the situation has said that "the trouble with the problem of the feeble-minded is that there are so many of us." The question naturally arises, who are feeble-minded? The best definition says that it is a "state of mental defect from birth or from early age, due to incomplete cerebral development in consequence of which the person affected is unable to perform his duties as a member of society in the position in life in which he was born."

That certainly is sufficiently comprehensive, but it lacks definiteness when applied to the particular case. Binet, the great French psychologist, has perfected a series of tests so graded that the average normal child of a given age should be able to conform to the standard of comparison for that age. Any child falling 33 1-3 per cent. below the normal mental age is said to be feeble-minded. There are many theoretical objections to this test, but all who have used it are enthusiastic about the results and it appears to be an excellent working formula by which to determine those below par. This test is being gradually more and more used and through it we are gaining some conception of the enormity of the problem.

The realization of the great prevalence of mental defect has been revolutionary when applied to the public school system. At once we see that it is impossible to expect a feeble-minded child to keep up with the rest of his class; and the injustice is even more great to those able to progress who are retarded and forced to conform to the abilities of a defective. Every school child is paying tribute of unregainable time and opportunity to the system built without regard to individual ability. We immediately think, however, that, of course, the number of mentally deficient in the schools is insignificant. We feel that any retrograde children would be recognized by the teacher and dropped back. Dr. H. H. Goddard, of Vineland, N. J., probably the foremost authority on mental defectives in this country, made an investigation into the New York city public schools, where the children have been strictly graded, according to educational methods, and are supposed to be reasonably normal, all the evidently defective having already been eliminated. He reported that at least 2 per cent. of the children in the schools were feeble-minded. The fact was astounding and his report immediately created a storm of protest. But further investigation has proven that the estimate was very conservative. It is probable that the country over between 2½ and 3 per cent. of the school children are so much of a drag on the system as to be classifiable as feeble-minded. Which fact carries with it as a corollary the fact that a much larger percentage of the children not so far defective as to be classed as feeble-minded are still not up to the average of mentality. These are suffering because of the impossible attainment expected of them, while they are also inflicting irreparable damage on the other members of the class, who because of their ability should be given every possible advantage. If you force all minds to conform to a set standard which necessarily must be low, you have no right to complain of the disastrous results.

The census of 1910 places the number of children between the ages of 5 and 15, the approximate school age, at about twenty million. If we take the low figure of 2½ per cent. of feeble-mindedness, it would mean that there are at least a half million school children in the United States, not now classed as feeble-minded, who should be taken care of outside of the regular public school system. These figures indicate that more than fifty thousand children are born every year who are liable to become a charge on the State. When we consider the high percentage of defectives being added to this number yearly by immigration, one authority stating that 6 per cent. of immigrants are defective, we reach a total that is almost beyond comprehension.

With the present universality of the educational system practically every child at some time before maturity passes under the observation of a school teacher. These teachers readily recognize the fact that from a quarter to a third of their pupils are not doing the work that they should. Here is the opportunity to grasp the defective problem in a constructive manner. Each one of these children about whom there is any question should have the opportunity of having its mentality accurately tested. If found to be defective the child should then be placed in the proper environment to develop to the utmost the capabilities that it does possess. New York city has already taken this step and has established a Mental Clearing House in charge of physicians and psychologists who analyze every inefficient child and recommend for that individual case the best treatment that the means at hand will allow.

One hopeful side of the defective problem is that while the minds of these unfortunate individuals may be below par all of their capabilities are not necessarily useless. No mind is symetrically developed and these feeble-minded often have sides of their mental make-up that are decidedly useful. The higher grades of feeble-minded, called Morons, those with whom we most often come in contact, may sometimes become very useful members of society. However, this can only be accomplished by special attention to that particular case. If the attempt be made to force those without the capacity to conform to the requirements of a normal individual the machine will undergo undue strain and shortly lose what value it originally possessed. Many girls, mentally incapable of being taught to become stenographers, might do very well as telephone operators. Some girls that would break

down mentally, morally, and eventually physically at the telephone desk, can do very useful and self-respecting work in a factory, while often we find a misfit in the factory who if back on the farm would be a positive addition to society. These misfits are more often than not deficient mentally, if left a square peg trying to fill a round hole we have a problem on our hands that tends continually to grow worse. If the deficiency be recognized, the capabilities determined and met, the machine works with no destruction of the offending parts and with much less friction all along the line. Some of the larger employers have realized this fact and are using trained psychologists as employment agents. The applicant is tested, his proclivities studied and work assigned of such a type that the capabilities rather than the deficiencies are called upon. Those who have tried it have found the plan to be so successful that there is no doubt but that it will come into more general operation very rapidly.

The various reform schools for immoral girls have all proven the fact that these feeble-minded individuals have a quite considerable capacity for useful lives. If given some task within their powers they in time develop to a higher grade of serviceability. Frequently it has occurred that after a few years' training individuals who have been able to leave the institution as useful and self-supporting members of society have come forth into the world and led happy lives.

In any consideration of the subject mention must necessarily be made of heredity, which undoubtedly has an enormous bearing on deficiency, but which is not the only factor, as is claimed by many. Breeders of all sorts recognize that in order to obtain good stock there must be choice parentage. Studies have been made of human families that show the disastrous effects of degenerate parenthood. The Ishmael, Jukes and Kalikak families are the best known examples. The latter is particularly interesting as having its degenerate side descended from an illegitimate feeble-minded mother and its normal side from the marriage of the common father with a high-class woman. The latter branch contains no defectives, no wards of the State and many of its members have been men of mark, Senators, jurists and physicians. The defective branch has but a small percentage of its members self-supporting; it contains thieves, hoboes, several murderers, epileptics, insane, prostitutes and, on the whole, is ne'er-do-well, a preponderant proportion at the present time being feeble-minded. It is estimated that in the past century the descendants of the child of this feeble-minded woman have cost the State of New Jersey several million dollars in institutional care.

There are those who argue, however, that the degeneracy of the one branch of the Kalikak family could be accounted for by the environment in which they were educated; each child from infancy to maturity being surrounded only with the most adverse circumstances, those which would tend to develop its deficiencies and abrogate its capabilities. Undoubtedly both heredity and environment have a bearing on all cases of deficiency and both must be taken into consideration in endeavoring to find a solution of the problem.

We know that the feeble-minded if allowed to reproduce will all bring large families into the world, which they are then unable to care for. The one universal evidence of a visit to the slums is the swarm of ill-kempt children that is always encountered. The higher the mentality of the parent the greater is the realization of the responsibility of parenthood. With the intelligent a child is prevented unless the conditions are such that it can have adequate care. This is as it should be. Despite the ex-presidential thunderings it is more of a crime to bring unwelcome children into existence with neither physical, mental nor material endowment than it is to shirk the responsibilities of parenthood entirely. Certainly those who are incapable of self-support because of mental defect should be denied the privilege of becoming parents.

If we are so committed to the ideal of conservation that every last derelict on the human seas must be kept afloat somehow, then we must be content to pay the cost of their upkeep. And if we stand aghast at the present need we can rest assured that if the obligation be postponed it will but continue to increase at a high rate of compound interest. Consider what will happen in, say, only the next fifty years if every defective is allowed to reproduce as many feeble-minded children as the traffic will bear (and understand that there is now no other restraint) and further still, when these children, at the earliest possible age, follow the parental example, ad infinitum. Do you think that our present overcrowded and constantly inadequate insane asylums can be extended to meet the demand? Do you think that the epileptic villages and feeble-minded homes can weather the storm? Do you think that our jails and poor farms will hold the multitude? If we are going to stay nature's hand in the destruction of the unfit we must provide for the consequences. According to the normal plan, the survival of the fittest, if an individual cannot stand the pace he perishes. It seems cruel, but is it not in the end beneficent? Since we have interfered to stay the destroying hand of nature we will of necessity have to interfere still further and protect the individual and society from the consequences of freedom. Lycurgus met the situation squarely and did away with the undesirable. We have to face it just as certainly and must try the modern specific of prevention.

Heredity and environment are not the only causative factors, however, the individual himself must receive our attention. In the insane, epileptic and other nervous unfit the factor of physical irritation plays a part in causation at

least equal to either heredity or environment. In a great proportion of the cases, some say two-thirds of the functional insane, if attention be given to possible physical causes, which should be found and removed, the patient may be cured. This fact applies to the high grade morons as well. Many minds capable of more or less functioning are prevented from fuller expression by physical handicaps. Reflex irritation of the sympathetic nervous system is able to undo the soundest mind. These poor half-a-chance individuals should have every opportunity of fulfilling their greatest possibility. Therefore, each case seen should have a thorough physical examination and every possible cause or anomally should be corrected.

The lead taken by New York City must be followed the country over. All children showing any mental inefficiency must be thoroughly examined. If anything can be done to place that child on its feet, let it be done. If he can be taught any useful work when shielded from the stress of circumstances, there should be places where that end can be attained. If the case is beyond help the individual should be segregated, not as a punishment, but as a protection to society. No such person should be allowed at large, free from the restraint of observation, until it has been made physically impossible for him to procreate. The law passed some years since in Indiana providing for the sterilization of certain individuals, must be broadened in scope and universally adopted. Vasectomy in the male is a simple procedure and salpingectomy in the female, while much more of an operation is still less to be dreaded than an infinite number of degenerate progeny.

Such a programme is comprehensive and at first glance seems impossible of attainment. The cost would not be small, but the benefit accruing would be disproportionately great. If we do not spend small sums in preventing this calamitous condition we will be forced to spend larger sums in caring for it. Think of the Kalikak woman whose descendants cost the State of New Jersey alone millions of dollars; a few hundreds spent on her would have saved the larger amount and have kept her innocuous and happy. One wonders how many such families are in the process of development today.

A State's budget for insane, prisons, paupers and other dependents is not a pleasant thing to contemplate. And when we watch the rapid increase in its size and think of what that means on our own tax lists we fear for the future.

Moreover, entirely apart from any pecuniary considerations, we all have an interest in the future. If we are to develop a better people in this country we must be about it. The increase of degeneracy can far outstrip the low upward struggle of humanity—the decayed apple soon spreads its rottenness through the whole barrel. The dead weight of the defective now acts as a drag; let us, therefore, breed him out of existence. If Lycurgus could breed such physical excellence into the Greek in a short time by practical eugenics what results could we not attain by paying attention to the mental endowment of the race?

The future is before us—the children of tomorrow are as yet unborn. If their number be restricted by the elimination of the undesirable the remainder can progress the more rapidly. The men of tomorrow are children today and those who in the next quarter century are to fill our prisons, asylums and poor houses are to a great extent discoverable in the schools of every city and town. If by proper attention to the defective child we can in any wise lessen the social scourges the end is worthy of the means—whatever the cost. Our children's children will rise up and call us blessed if today we do our duty by making tomorrow's men more perfect. (Southern Association.)

SOCIETIES.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

NOVEMBER 11TH.

The meeting was opened at the Ansley Hotel. In the absence of President Lorraine Dr. H. E. Koons acted as chairman. Dr. Lee Norman being absent Dr. Susan M. Hicks was appointed secretary *pro tem.*

Dr. H. R. Stout, of Jacksonville, Fla., was called upon for report on the Bureau of Propagandism, and gave an interesting informal talk. The chairman asked for suggestions. Dr. Jos. Pettee Cobb, of Chicago; Dr. E. S. Banning, of Jacksonville; Dr. Henry W. Wilson, of Chicago; Dr. W. A. Boise, of Nashville, Tenn.; Dr. S. R. Stone, of Atlanta; Dr. S. M. Hicks, of Atlanta; Dr. W. L. McCreary, of Knoxville, Tenn., responded. The outcome of this discussion was that there should be a committee appointed whose business it should be to work throughout the year in an effort to reach all homœopathic physicians in the Southern States and impress upon them the necessity of attending meetings and of becoming interested in the Southern Homœopathic Association. This subject claimed the attention of the convention the entire afternoon.

NOVEMBER 12TH.

The meeting opened with Dr. H. E. Koons in the chair. The president's address was in order, but Dr. Lorraine not being present, and Dr. Koons unprepared, it was passed over.

Report from the Committee on Resolutions was called for by the chair, and resolutions were submitted on the death of Dr. F. H. Orme, Dr. W. E. Green and Dr. C. P. Meredith.

Dr. J. P. Cobb moved that telegrams of sympathy be sent to Dr. Lorraine and Dr. Norman, which motion was accepted and passed.

The chair called for report from the Nominat-

ing Committee and Dr. J. P. Cobb, Dr. Boise and Dr. Phillips responded with the following nominations, which were passed upon and the officers elected:

President, Dr. H. E. Koons, Louisville, Ky.

1st Vice-President, Dr. S. R. Stone, Atlanta, Ga.

2d Vice-President, Dr. Lee Norman, Louisville, Ky.

Treasurer, Dr. H. R. Stout, Jacksonville, Fla.

Secretary, Dr. J. B. Griffin, St. Augustine, Fla.

Necrologist, Dr. A. Leight Monroe, Miami, Fla.

Censors, Dr. H. R. Stout, Jacksonville, Fla.; Dr. W. E. Riley, Fulton, Mo.; Dr. W. L. McCreary, Knoxville, Tenn.; Dr. J. B. G. Custis, Washington, D. C.; Dr. H. B. Baker, Richmond, Va.

The chair called for discussion of new business. Motion accepted and passed that the paper read by Mr. Wilmer Moore before the convention be referred to Committee on Resolutions for report. Owing to lack of time report deferred to next meeting.

Motion accepted and passed that Dr. S. M. Hicks act as treasurer *pro tem.* in the absence of Dr. M. L. Newman, and empowered to receive dues from the members present.

It was moved that a committee be appointed to put literature anent the propagandism of Homœopathy in the hands of legislative bodies in the South. This motion was discussed by Dr. J. B. G. Custis, Dr. A. L. Monroe, Dr. H. W. Wilson. The president appointed Dr. J. P. Cobb, Dr. H. B. Baker and Dr. Koons. Dr. Cobb declined. Dr. Hicks moved that Dr. H. R. Stout be added to the committee. The committee was appointed as follows:

Dr. H. R. Stout, Chairman; Dr. W. L. McCreary, Dr. H. E. Koons, Dr. H. B. Baker.

Report from the committee was requested for the next annual meeting.

Bureaus were then opened.

Bureau of Materia Medica reported, Dr. A. L. Monroe in the chair. The first paper was read by Dr. H. B. Baker, of Richmond—"Bellis Perennis"—discussed by Dr. Stone and others. A very interesting paper read by Dr. J. B. G. Custis, of Washington. "What Is the Use?"

The meeting then adjourned.

At 2:30 P. M. Dr. Custis' paper, "What Is the Use?" was discussed by Dr. Boies, Dr. Smethers and Dr. Stone.

Dr. W. Henry Wilson, of Chicago, made a talk on and gave exhibits of materials from the laboratories of the departments of Anatomy, Physiology, Histology, Embryology, Pathology and Materia Medica of the Hahnemann Medical College of Chicago. This demonstration of the work of the college proved of great interest to the convention.

The Bureau of Clinical Medicine was then called, with Dr. Stout in the chair.

Dr. Smethers read a paper on "Diabetes." Discussion of this paper was followed by the reading of a paper by Dr. E. S. Banning, of Jacksonville, on "What Shall We Do With the Incurables?" Discussion of this paper was by Dr. H. E. Koons and Dr. J. B. G. Custis.

Dr. Monroe was called on for paper, but in the absence of any written matter, gave a talk on "Dengue Fever," followed by discussion of this subject on the part of Dr. H. E. Koons and others.

Paper by J. Burnie Griffin, M. D., of St. Augustine, Fla., on "Isotomic Sea Water in Three Cases of Inoperable Cancer," was of so much interest to the convention that, in the absence of Dr. Griffin, it was read by Dr. H. E. Koons. Discussion followed by Dr. E. S. Banning and Dr. H. E. Koons.

The Bureau of Surgery then opened, with Dr. Wm. A. Boies, of Knoxville, in the chair.

Dr. Spencer R. Stone read a paper on "Emergency Surgery, With Special Reference to Railroad Accidents."

Dr. Wm. A. Boies read a very interesting paper on "The Transverse Incision as a Means of Approaching the Peritoneal Cavity."

The meeting was then adjourned.

NOVEMBER 13TH.

The meeting was opened with Dr. Koons in the chair.

Report from the Treasurer was called for, and it was moved and passed that the report be submitted to an auditinig committee.

Ballots were taken on the proposed election of Dr. W. R. King to membership in the Association. Result of the ballot was election of Dr. King.

Report of Special Committitee on Resolutions was called for. Resolutions on death of Dr. Francis H. Orme, Dr. W. E. Green and Dr. C. P. Meredith, presented by Dr. Custis, chairman.

Dr. Stout said in part: "Dr. Green was a natural born fighter, stood the opposition of the old school for years in Little Rock, and was of inestimable value to the community."

Dr. Monroe stated that Dr. F. H. Orme and Dr. W. E. Green were ex-Presidents of the American Homœopathic Institute. Dr. Monroe also referred to Dr. Fisher, of Texas. Said Dr. Fisher was the first publisher of the homœopathic magazine, the *Homœopathic Pellet*, San Antonio, Texas. In this magazine Dr. Fisher advocated the formation of a Southern Association. Dr. F. H. Orme wrote an article, published in the *Pellet*, opposing this association, stating that he feared the Association would embrace so small an area as to do more harm than good to the cause of Homœopathy in the South. Dr. Orme, however, was at the initial meeting in New Orleans, and was one of the most earnest supporters of the Association. Dr. Fisher was elected president at this meeting.

Motion was accepted and passed that the min-

utes of this meeting be printed, and a copy sent to the families of the deceased members.

The chair then brought before the meeting the question of greatest importance—that of the next place of meeting for the Association, stating that so far no invitation was on the desk.

Dr. Monroe suggested that Baltimore be selected, stating that Dr. Douglass, of Baltimore, had informed him that members of the State Society of Maryland would be present at this meeting of the Association to extend an invitation on behalf of the Society. (It was ascertained that no one was present from Maryland.)

Dr. J. B. G. Custis suggested that Washington be considered, stating that members of the Association in Washington would be glad to extend the hospitality of the city.

Motion was accepted and passed that the question of place of meeting be referred to committee consisting of the President, Dr. H. E. Koons; the 1st Vice-President, Dr. S. R. Stone, and 2d Vice-President, Dr. Lee Norman.

Dr. Banning amended the motion with request that due notice of the time and place of meeting be given the members in order to enable them to attend.

Dr. Stone was appointed secretary of this committee, and all communications anent the subject were ordered addressed to him.

Dr. Wilson moved that a two-days' session be held in future.

Dr. J. P. Cobb amended with suggestions that the entertainment feature be deferred to the third day after the business of the meeting had been disposed of. This amendment was accepted. Motion passed.

At this juncture Dr. Koons gave a few brief but pertinent remarks in regard to the condition of the Association. Stating in part: "I want to say, frankly and openly, that our Southern Association, as I said the other morning, is in a critical condition. There is a lack of interest in the progress of the Association, a lack of concerted action in carrying out its tenets, the attendance is small, etc. I wish to ask that each member present constitute himself a missionary to help build up the Association."

Motion by Dr. Wilson that a cordial invitation be extended all the homœopathic physicians in the country to attend the meetings of the Association.

Dr. J. B. G. Custis, of Washington, moved that the treasurer be instructed to have printed a leaflet containing the names of all members of the Association, appending note requesting the names of all homœopathic physicians not already members of the Association, and that copy of this leaflet be sent to all members. This motion was accepted and passed.

Motion accepted and passed that expense bill for Dr. Lee Norman be paid.

Dr. Wm. A. Boies moved that a committee of three be appointed by the chairman to put in writing the sympathy of the Association for Dr. Norman and Dr. Lorraine. This motion was passed, and the following appointed on committee: Dr. Boies, Chairman; Dr. H. R. Stout, Dr. A. L. Monroe.

Reports of Bureaus called for by the chair:

First. Pedology—Dr. Susan M. Hicks in the chair.

The first paper read was "Infantile Paralysis," by Jos. Pettee Cobb, M. D., Chicago, Ill.

Dr. Wilson discussed this paper in a very interesting way. Said in part: "The Rockefeller Institute reported statistics in regard to some 18 cases in New York City as being among the Swedish emigrants, which indicates that this disease originated among these emigrants." The Rockefeller Institute believes it to be a nasal infection. This has not been proven, as the disease has been found traceable to flies and quite a number of other causes. One symptom Dr. Cobb did mention is the great state of fear and trembling on the part of the physician in its initial stage.

Dr. E. S. Banning made several pertinent remarks.

Dr. J. B. G. Custis stated that he considered a condition of perfect quiet and semi-darkness to be the best medium for recovery. Discussion closed.

Dr. H. E. Koons asked to interrupt proceedings to offer name of Dr. Fred. C. Weber, Newport, Ky., for membership, and passed by Board of Censors. Was elected.

The next paper on the program was from Dr. Ralph Bernstein, of Philadelphia, Pa., "Lichen Urticatus." In the absence of Dr. Bernstein this paper was read by title and referred.

"The Little Animals," Dr. Susan M. Hicks, of Atlanta, was a very interesting paper on a subject of vital import.

Dr. Monroe stated, "Dr. Hicks has left nothing to be said."

Dr. Hicks made the statement that this subject is one of which she hears a great deal in women's congresses, teachers' meetings, etc.

Dr. Custis expressed appreciation, and remarked that he would like to see Dr. Hicks in Washington.

Dr. H. E. Koons made a very earnest talk on the subject. Stating that the modern idea of education was all wrong, inasmuch as the young mind was forced to an unnatural growth, resulting very often in complete physical debility as well as mental dulness in after years.

Dr. Monroe then said: "There is almost a craze in the schools to tell children all about themselves. I do not believe this is the right way to get at it. (President heartily endorses him.) This subject is too sacred to be handled in crowds—a subject that lies at the very foundation of our race, and it should be handled delicately and as man to boy and woman to girl. I believe that any good conscientious parent will

tell her children as much as they should know and guide them across the breakers that lie ahead of them. If they do not they have no business being parents. (Applause.)

Dr. Cobb said in part: "The country has taken up this subject of eugenics; the papers are full of it; the attention of children drawn to it. I predict that there is going to be a greater wave of crime than ever before because of this morbid outlook." (Applause.)

Dr. Wm. A. Boies stated that in his opinion a greater feeling of confidence between the parent and child would result in enabling the parent to guide the child to avoid the pitfalls of unwelcome knowledge.

Dr. Hicks, in reply to Dr. Boies, stated in part: "This question of confidence between parent and child is the fundamental root of this matter. When matters of this kind come up in my practice I endeavor to impress upon the mother very strongly the fact that the child is to be furnished no information except that asked for. Gain the child's confidence and when he comes to you for information give him a true answer. You don't need to tell them all that you know, but simply answer their questions at the time and satisfy their curiosity, and as it goes on and they ask one question after another, you will win the entire confidence of your child. My reason for writing this paper and for bringing up this subject in this way was to get the physicians to use their influence with the mothers to give their children the opportunity to develop good, sound, reasonable, practical minds. This matter of instruction in the schools is on the wrong theory. I do not believe anybody other than the parent should instruct the child along this line unless it be the family physician. (Applause.)

The President moved that resolutions of thanks be extended to the local members for their efforts in making a success of the meeting to the press and to the Hotel Ansley. The motion was accepted and passed.

The Bureau of Obstetrics then opened with Dr. McCreary in the chair.

The first paper, "Puerperal Asepsis," Dr. H. E. Koons, Danville, Va., was read by the author.

Dr. A. L. Monroe said in part: "We doctors who practice in the country and city have learned that what we term 'aseptic conditions' seem to have very little to do with the case sometimes. In other words—we go to some patient in the country or village or city, where everything is dirty—you can't possibly carry on asepsis; you have an ignorant patient but healthy one, and do not have any trouble. Some of the most untidy patients I ever saw got along the best. Four-fifths of the cases of puerperal fever are cases that did not show good elimination, especially from the kidneys. In a great many cases of puerperal fever you will find that there is a lesion of one of the organs, and that some of the body poisons have found a means of infecting the patient in ths way."

Dr. Wm. A. Boies stated that he had found as a means of promoting vaginal drainage to raise the head of the bed possibly eight inches.

Dr. W. Henry Wilson said in part: "Some years ago I made the statement that I do not care whether it be a homœopathic or allopathic physician, a man with a dirty hand has no business practicing medicine. Along about 1830 5 per cent. of all the women in New York City died of puerperal fever, as result of infection from cases of typhoid, dysentery. One physician alone lost 11 cases of puerperal fever, the carrier in the case being a pair of dirty gloves which he used in driving."

Dr. Monroe stated that the patient should be allowed to sit on the commode every five or six hours, and that will drain the vaginal tract.

Dr. Wm. A. Boies stated that he has seen a physician wash his hands, go to the bed and throw back a piece of dirty bed covering with that hand.

The chair asked for further remarks, but the discussion was closed.

The next paper on the program was from Helen G. Bond, M. D., Bristol, Tenn., "Homœopathic Remedies in Pregnancy." In the absence of Dr. Bond this paper was read by title and referred.

Paper by Douglas Caulkins, M. D., Knoxville, Tenn., "Bright's Disease in Pregnancy." In the absence of Dr. Caulkins this paper was also read by title and referred.

Paper by J. T. Bryant, M. D., Louisville, Ky., "Uterine Polypi." In the absence of the doctor this paper was read by title and referred.

The last paper in this Bureau was that of Dr. W. L. McCreary, of Knoxville, Tenn., "Monstrosities and Modern Obstetrics."

Dr. H. E. Koons stated in connection with this subject: "In regard to the use of Pituitrin, I was at first very skeptical of this remedy, but a recent test showed me its wonderful efficacy. I was called one Saturday afternoon to a woman whose condition showed no prospect of immediate delivery. I concluded to try this new remedy—gave it hypodermically. I turned to the table to get my instruments ready, and the patient called to me, 'Doctor, come here.' She was in hard labor. This was only one of many such cases, and my experience supports the claim that this medicine contracts the upper fibres of the uterus and causes the lower to dilate—in other words, 'It sho do act.'"

Dr. Monroe said in part: "I have been in the habit for the last ten years when I have given the patient ample time and the head gets down low enough, the patient is worn out and I am, too, I get out my forceps and take the child. 'What's the use?'" (Laughter.)

Dr. Spencer R. Stone stated that he found the use of hot, moist pads very beneficial.

Dr. H. E. Koons stated that he found the use of a small pair of forceps sold by the McKee Surgical Institute, of great help.

Bureau of Ophthalmology, Otology and Laryngology was opened, but it was found that the chairman and all essayists were absent.

Bureau of Sanitary Science, A. L. Smethers, M. D., Little Rock, in the chair.

The first paper in this bureau was that of Dr. Scott C. Runnels, Little Rock. In the absence of Dr. Runnels this paper was read by title and referred. Title—"What Shall We Do With the Mental Defective?"

The next paper was that of Dr. Henry R. Stout, of Jacksonville, Fla., "The Common House Fly—a Nuisance." Read by title and referred.

Paper by Dr. A. L. Smethers, Anderson, S. C., "Better Babies."

Chair asked for discussion of this paper.

Dr. H. E. Koons stated that he was somewhat skeptical of the real value of this movement.

Dr. H. R. Stout stated that in his opinion it is "agin nater."

Dr. S. M. Hicks stated in part: "Constant agitation of this subject will bring about an unhealthy curiosity in the minds of the young."

Dr. Stout stated that "Nature takes care of this question to her own satisfaction; at any rate by the old process she produces some geniuses."

Dr. Custis stated in regard to this subject: "There is a movement in the right direction it is certain, but at present and as handled it is doing more harm than good. To make of it a legal affair is a farce. If the physician takes charge of it and is delegated to instruct his patients that they are or are not in a condition to marry, it could be handled with discretion, but in this publicity is where the harm comes in, and where the whole thing gets on the mind. It is a dangerous proposition."

Dr. Wm. A. Boies stated in part: "It is important for the physicians to keep in touch with their patients during pregnancy and important that they be instructed to keep in touch with the physician to insure the protection of the unborn child from the mistakes of an ignorant parent."

Dr. A. L. Smethers took up the discussion here: "I wonder if it is not true that the medical profession has been a little laggard in this thing, and the public has had to take it up in consequence. I feel that it is the place of the physician to urge and handle this question as it should be handled. I do not approve of teaching on the question in the public schools, but if parents do not know anything about these things, who is going to teach the child? If the parent knows these things and will give the child the proper instruction at the proper time, then the question will be taken care of in the natural manner."

Dr. A. L. Monroe moved for adjournment, and the meeting was accordingly adjourned.

REPORT OF RESOLUTIONS COMMITTEE.

INASMUCH as the Southern Homœopathic Medical Association, in annual session, has learned of the death of Dr. Francis H. Orme, one of its founders, and who had endeared himself not only to all of the members of the Association and adherents of Homœopathy, of which he was a consistent exponent for many years, but, also, to the community in which he lived; be it

Resolved, That we hereby express our appreciation of his personal character, his great professional skill and unselfish devotion to his profession, his untiring efforts for the advancement of the school in the city and section where he spent his life; and, be it further

Resolved, That we extend our deepest sympathy to the family of Dr. Orme in the great loss which they have sustained, and our hope that in the great legacy left by the untarnished character, unchallenged professional achievements and cherished memory they will find comfort which faith alone can give.

J. B. GREGG CUSTIS,
G. W. JOHNSON,
A. L. SMETHERS.

INASMUCH as the Southern Homœopathic Association in annual session has learned of the death of Dr. William E. Greene, a pioneer in the struggles necessary to establish the practice and the recognition of Homœopathy in the Southwest, where he consistently represented the school for many years; be it

Resolved, That we hereby express our appreciation of his effort, his great professional skill, the unselfish sacrifice which he so frequently made to assist his brethren in the practice of their profession; be it further

Resolved, That we extend our deepest sympathy to the family and patients of Dr. Greene in the great loss they sustain by his death.

J. B. GREGG CUSTIS,
G. W. JOHNSON,
A. L. SMETHERS.

INASMUCH as the Southern Homœopathic Association in annual session has learned of the death of Dr. C. P. Meredith, Louisville, Ky., where he was so generally respected and beloved, made himself and endeared himself to the many students of the S. W. Homœopathic Medical College in which he was an active member of the faculty; be it

Resolved, That we express our appreciation of his work, his professional skill, and of the kindly interest which he took in the welfare of his associates and students; be it further

Resolved, That we extend our deepest sympathy to the family, patients and confreres in the great loss which they sustain by his death.

J. B. GREGG CUSTIS,
G. W. JOHNSON,
A. L. SMETHERS.

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EDUCATIONAL REPORT.

THE Council on Medical Education of the American Institute of Homœopathy has issued an Educational Report of the teaching institutions of the homœopathic school of medicine for the years of 1912-'13.

This pamphlet contains an accurate report of the equipment, facilities, description of buildings and grounds, hospital connections, university affiliations, dispensary and other clinical opportunities furnished, condition of laboratories and such other information as to our colleges that has been obtained by careful and painstaking inspections of every school by members of the Council together with State Board officials, State and National society representatives in company with accredited representatives of the colleges themselves.

There was no entering by the back doors, no evidence taken from janitors or from students eating their lunches on the stairs, nor was any report written in the offices by any member of the Council without a previous inspection. The Council has endeavored to make the report as exact as possible, and it has had the hearty collaboration of the college officials in the work.

The pamphlet is to be distributed to all members of the various State Boards of Medical Examiners, to the members of the faculties of our colleges and to State Society officials. It should serve the purpose of indicating to the various State Examining Boards that the homœopathic school is prepared to furnish trustworthy and reliable information as to our teaching institutions, and it should distinctly insist that it will not look with favor upon the getting of information as to our schools from antagonistic bodies whether self-appointed or otherwise.

As an example of the utter unreliability of information as to our schools furnished by the Council on Medical Education of the A. M. A. let us compare the data found in the last educational report of this body with that obtained by our own Council.

Boston University in 1912-'13 had 107 students, the A. M. A. report gives 98. New York Homœopathic College had 291 students, the A. M. A. report gives 245. Hahnemann of Philadelphia had 98 students, the A. M. A. gives 92. The Homœopathic Department of Michigan University had 82 students, the A. M. A. giving but 63. In fact, of the eleven colleges of the homœopathic school, the data of but one is correctly reported by the Council of the A. M. A. This Council has diminished the actual number of students attending our school by nearly sixty, and has incorrectly stated the number graduating in 1913. Yet heretofore the various State Examining Boards have been inclined to accept the data of the Council of the A. M. A. probably for the simple reason that there was no other source to draw from. This present report of our Council changes all that. We also learn that the same tendency to err on the line of diminishing numbers is manifested by the Council of the A. M. A. in respect to the colleges of the eclectic school of medicine. It is plain to see that these errors are not accidental but for the most part intentional, the object being to belittle the teaching institutions of all schools of medicine not under the domination of the Medical Trust.

In spite of all this and from their own side of the fence we take the statement that the allopathic graduates decreased in 1913 the large number of 527 from the number in 1912, while there was an increase in the number of graduates in both the eclectic and homœopathic schools (the latter being 24) over that of 1912.

We believe the Council has done a good work in issuing this report, which should be made annual. We also believe that a most excellent work can be done in assembling a report of the hospitals of the homœopathic school, giving information especially as to number of beds, sources of income, number of internes employed, terms of service, clinical facilities, etc. This could be used as a preliminary to the securing of reliable statistics as to the success of homœopathic treatment which can be utilized as propa-

gandistic material. The Council expects to undertake this work in the near future.

AN ILLINOIS QUESTIONAIRE.

THE Chicago Homœopathic Medical Society is to send early this month to all graduates of homœopathic medical colleges practicing in Illinois the following questions, which are to be replied to on a postal card which will be enclosed for the purpose:

1. Do you approve of the examination and grading of homœopathic medical colleges by the American Medical Association, its Councils or Committees?

2. Are you in favor of a separate homœopathic board of examiners in Illinois (as in various other states) for the license to practice medicine?

We shall await with interest for the result of this vote. There are more members of A. M. A. among the physicians of our school in Illinois than in any other state, yet we believe the vote will be overwhelmingly against that Association, and, if so, we hope other states will take the matter up and do something. Let us have our own Councils, Committees and separate Boards of Examiners in every state.

AMERICAN ASSOCIATION OF MEDICAL COLLEGES.

THE Report of the Association of American Medical Colleges just received shows that this institution is wholly under the domination of the American Medical Association. It shows also that Hahnemann Medical College of Philadelphia made application for membership and was *apparently* accepted. However, the list of members of this association given on pages 73, 74 and 75 of this pamphlet does *not* include Hahnemann College, although it does include all the other institutions that made application for membership at the same time. We hope this may be explained by the withdrawal of Hahnemann's application, for it is almost inconceivable that one of our homœopathic colleges should seek membership in an association belonging to the American Medical Trust. It is in our opinion an insult to our national association, the American Institute of Homœopathy.

NEWS ITEMS.

ALABAMA.

The Huntsville Daily Times of November 21st, 1913, contains an excellent article, entitled "Homœopathy Explained," by Dr. A. M. Duffield, of Huntsville, Ala. This was written in a popular manner and calculated to interest, as it doubtless did, the laity of that section.

OHIO.

The annual meeting of the Northwestern Homœopathic Medical Society was held in Toledo, at the Boody House, December 9th. A splendid program was furnished and an interesting clinic was held at the Toledo Homœopathic Hospital. The presiding officer of the meeting was Dr. Jas. C. Price.

The Toledo Homœopathic Club holds its monthly meetings and the papers presented are of high order. This is one of our flourishing local homœopathic societies.

MASSACHUSETTS.

Internal dissension among the Directors of Emerson Hospital, Forest Hills, resulted in Dr. Alonzo J. Shadman selling his shares to the other owners, and then the leasing and buying of the Hospital and Nurses' home by Dr. Shadman. The matter was finally brought into court, when Dr. Shadman could not get possession of the buildings, and the Emerson Hospital was relocated at 118 Forest Hills street, near the Green street elevated station. Dr. Shadman has assumed charge of the other buildings as the Forest Hills Hospital.

Dr. Grace G. Savage (B. U., 1902) was given a severe nervous shock in Haverhill, Saturday night, Jan. 3, 1914, when she was held up and robbed by two highwaymen in Haverhill, where she had been visiting her brother. Her office is 535 Beacon street, Boston.

Dr. DeWitt G. Wilcox, Professor of Surgical Gynæcology at Boston University, advocated early education in sex hygiene before an audience of Congregational ministers in Pilgrim Hall, Boston, recently. He said children of six and seven years in the primary schools should be taught the fundamental truths of Biology. At the age of ten boys and girls should be separated into two classes and taught by a man and a woman, respectively, and the classes should be provided with a text book on the subject.

Dr. James P. Stelman, aged 56, a B. U. graduate in 1892, died at his home in Brockton, December 24, 1913, following a long illness. He was a member of the A. I. H., and was prominent in the affairs of the Brockton Hospital, being Consulting Surgeon and a member of the corporation. He leaves a wife, a son and a daughter.

Dr. George B. Rice has issued a statement regarding the Bazaar and Fair recently held by the Medical School Alumni, stating that the profits to the school will be in the neighborhood of $10,000. A story regarding the Fair printed in one of the Boston papers says that a patrolman on duty there bought a clock,

which he put for safe keeping in an ice chest, which was also for sale. When the chest was sold the policeman was not around, and he is now on a hunt for his clock. The benefit to the school cannot be told in any stated amount, for the papers were most liberal in the matter and the name and needs of the school were spread as they never were before.

Dr. Clarence E. Burt, of New Bedford, has passed the examinations for appointment to the Medical Reserve Corps of the U. S. Army, and has received his commission as First Lieutenant in the Corps, confirmed by the Senate in October, 1913. Dr. Burt has also received additional honors at the hands of various societies in the city there, the latest being the appointment as Court Physician in the Lodge of Eagles.

Dr. and Mrs. Herbert F. Gammons, of Neponset, welcomed a little daughter to their home, November 23, 1913.

The Boston Section of the State Homœopathic Medical Society held its December meeting at the Evans Memorial Building, December 4, with President Stephen H. Blodgett in the chair. There were two papers,—one by E. Pakenham Ruggles, M. D., on "The Management of Occiput Posterior Positions, also a Brief Report of the Use of Serum in a few Cases of Hemophilia," and the other by Edwin W. Smith, M. D., on "An Account of Some Obstetrical Problems of Interest to the General Practitioner."

The Boston Dispensary (Old School) treated several thousand more patients at the Dispensary this year than last, an increase from 105,000 in 1912 to 113,000 in 1913. They are in need of funds to carry on their increased work, according to their report.

The Massachusetts General Hospital (Old School) has for some time kept an advertisement in the Boston papers, advising people of their needs of funds.

Dr. George B. Sawtelle, Dean of Malden physicians, died at his home in that city November 14, 1913, at the age of 75. He was a member of the Massachusetts Homœopathic Medical Society, and a graduate of Hahnemann Medical College in Philadelphia. He had not been in practice for two years. He leaves a wife and two daughters. He was a member of the staff of the Malden Hospital at one time.

The residence of Dr. Arthur H. Ring, of Arlington, was damaged by fire to the extent of $3,000.00, November 17, 1913. The cause was suspected to be an overheated furnace.

The Massachusetts Surgical and Gynæcological Society held its 81st session in the Evans Memorial Building, Wednesday, December 10, 1913. The report of the Bureau of Gynæcology, Dr. Mary R. Lakewood, chairman, and Dr. Wesley T. Lee, Secretary, was heard. The general subject was Eugenics. Dr. Evangeline W. Young presented a paper on "Some Practical Eugenic Problems," which was discussed by George V. N. Dearbon, M. D., and Frank A. Gardner, M. D. Mrs. Irving M. Day spoke on "Eugenics From an Educational Standpoint," followed by a discussion by William A. Baldwin, Principal of the Hyannis Normal School. DeWitt G. Wilcox, M. D., was next, with a paper on "The Hereditary Factor in the Problem of Eugenics," with a discussion by Mary Pratt Chadwick, M. D. Dr. Horace Packard spoke on Oriental Eugenics.

The literary program was followed by the dinner at Hotel Thorndyke, at 7 P. M. The after-dinner exercises were under the direction of Dr. George H. Earl, as toastmaster.

Amos J. Givens, M. D., LL. D., has issued a thirty-two page booklet showing many views of his Sanitarium, at Stamford, Conn.

Dr. Benjamin C. Woodbury, Jr. (B. U., 1906), is giving a course of lectures to the Freshman and Sophomores at the Medical School (Boston University), on "The Science and Art of Homœopathy." Dr. Woodbury has been in Portsmouth, N. H., since his graduation, and has built up a good practice. He is well able to discourse upon Homœopathy, for he is an ardent disciple of Hahnemann. The school and the students are fortunate to have Dr. Woodbury give the course of lectures.

Dr. Dana B. Mayo, also of the Class of 1906, and also a New Hampshire man, located at Somersworth, N. H., recently had an eye removed at the Homœopathic Hospital, the inury to the eye resulting from an injury sustained in his office.

Farmington, N. H., for the past four years the location of Dr. Laurence R. Clapp (B. U., 1908), is a good field for a Homœopath, as Dr. Clapp will soon leave for Australia, where he has accepted an Internship in the Melbourne Homœopathic Hospital. Two other B. U. men are, or have been there recently as Internes: Dr. Eben C. Gould (1905) and Dr. Ray C. Hart.

Dr. Ruth Barker Coles (B. U., 1904) has issued a very attractive leaflet describing the Whitebrook Tavern, the Sanatorium, for the treatment of mental and nervous diseases, at Keene, N. H. With Dr. Coles is associated Dr. William Coles, her husband, also a 1904 B. U. graduate. Both Drs. Coles were at the Westboro State Hospital for the Insane for some years after their graduation, and they are well versed in their chosen work.

The list of officers of the Surgical and Gynæcological Society, Boston, for the year are: Herbert D. Boyd, M. D., President; F. B. Percy, M. D., and Clara E. Gary, M. D., Vice-Presidents; Secretary, Harry J. Lee, M. D.; Charles R. Bell, Assistant Secretary; Caroline Y. Wentworth, M. D., Treasurer; Herbert C. Clapp, M. D., Auditor; Wesley T. Lee, Alonzo G. Howard and Thomas M. Strong, Censors.

The officers of the Boston District Society of the State Homœopathic Medical Society for the following year are: Dr. Orville R. Chadwell, President; Dr. Conrad Smith and Dr. Grace H. Jordan, Vice-Presidents; Dr. Conrad Wesselhoeft and Dr. Harold A. Diehl, Secretaries; Dr. Edwin W. Smith, Treasurer; Dr. William O. Mann, Dr. S. H. Blodgett, Dr. E. S. Calderwood and Dr. N. H. Houghton, Censors.

At the annual meeting of the Society, January 8, retiring President Blodgett's speech was on "The Press, the Public and the Medical Profession," urging the doctors to be more liberal in their ideas regarding allowing medical notes to be published by the papers,

thus assuring themselves that the public will, at least, get these matters as nearly correct as possible.

MICHIGAN.

At the meeting of the Detroit Practitioners' Club on December 15th Dr. Stephen H. Knight read a paper on "New Developments in Bone Surgery," and Dr. A. F. Dewitt on the "Dietetic Treatment of Diabetes." That the interest in this society continues is shown by the fact that each meeting has been larger than the preceding one.

Dr. Grant S. Peck, of Denver, Colorado, and Dr. Lester Peck, of Buchanan, Mich., visited the Homœopathic Department of the University of Michigan last month and were entertained by different members of the Faculty. Both these gentlemen are alumni of the University, and both expressed their delight at the changes on the campus since their student days.

Two chillren died at intervals of five days as a result of vaccination in one family at Menominee last month. The symptoms resembled spinal meningitis.

MISSOURI.

Dr. E. J. Burch, of Carthage, and Scott Parsons, of St. Louis, are continuing to issue the special bulletin of the Missouri Institute of Homœopathy. It is one of the newsiest sheets that comes to our table and does much to sustain an interest in the society. The next meeting is to be held in Kansas City and we are sure that through the efforts of these gentlemen it will be a banner meeting.

OBITUARY.

Dr. Marshall P. Austin.

Medina, Mexico (formerly of Minneapolis, Minn.), Nov. 30, aged 64. Homœopathic College, University of Michigan.

Dr. Lucien L. B. Brainard.

Little Falls, N. Y., Nov. 18, æt. 60. New York Homœopathic Medical College, 1874.

Dr. Robt. H. McCarty.

Roanoke, Va., Dec. 27, æt. 72. Hahnemann Medical College, Philadelphia, 1895.

Dr. Harvey W. Corey.

Marion, Ind., Nov. 23, æt. 47. Hahnemann Medical College, Chicago, 1896.

Dr. Gertrude H. Hammond.

Spring Valley, N. Y., Nov. 19, æt. 82. New York Medical College and Hospital for Women, 1867.

Dr. Joseph A. Hatzfield.

Pueblo, Cal., Nov. 14, æt. 67. Hahnemann Medical College of Philadelphia, 1881.

Dr. Amos H. Elliott.

Brooklyn, N. Y., Dec. 12, æt. 73. N. Y. H. C., 1888.

Dr. Edw. R. Miller.

Leominster, Mass., October 17, æt. 54. Boston University School of Medicine, 1887.

Dr. Denis Morin.

Chicago, Nov. 14, æt. 73. Hahnemann Medical College of Chicago, 1884.

Dr. Joseph P. Johnson.

Highstown, N. J., Dec. 19, æt. 77. H. M. C., Philadelphia, 1867.

Dr. Charles H. Lee.

Newcastle, Pa., Nov. 12, æt. 73. Hahnemann Medical College of Philadelphia, 1864.

Dr. David M. Nottingham.

E. Lansing, Mich., Nov. 11, æt. 58. Hahnemann Medical College of Chicago, 1881.

Dr. Thos. E. Parker.

Woodbury, N. J., Dec. 29, æt. 59. H. M. C. of Philadelphia, 1880.

Dr. Geo. W. Spears.

Boston, Oct. 30. Boston University School of Medicine, 1876.

Dr. Lenora F. Lathe.

Dec. 5, æt. 79, Cambridge, Mass. New England Female College, 1866.

Dr. E. H. Way.

Riverside, Cal., Cleveland, Oct, 21, æt 53. Homœopathic College, 1874.

Dr. Alfred Layman.

Philadelphia, Dec. 6. tæ. 70. Hahnemann Medical College of Philadelphia, 1882.

Dr. S. S. Douglass.

Earlville, Ia., Nov. 28, æt. 45. Chicago Hahnemann Medical College, 1892.

Dr. S. L. Thorp.

Salt Lake City, Dec. 7, æet. 63. Cleveland Homœopathic College, 1882.

Dr. Arthur Fisher.

Montreal, Dec. 3, æt. 98. England.

Dr. Horace H. Tinker.

New London, Conn., Nov. 20, æt. 61. New York Hahnemann Medical College, 1875.

Dr. Jno. P Birch.

Philadelphia, Oct. 31, 1913, æt. 81. Hahnemann Medical College of Philadelphia, 1870.

Dr. Zeno Marx.

Chicago, Ill., Dec. 31, æt. 67. Chicago H. M. C., 1894.

Dr. James P. Stedman.

Brockton, Dec, 24, æt. 56. B. U. S. M., 1882.

Dr. Henry J. Evans.

Baltimore, Nov. 30, æt. 58. H. M. C. of Philadelphia, 1881.

Dr. Mary M. Arnett.

Boulder, Cal., Oct. 12, æt. 59. H. M. C. of Chicago, 1896.

Dr. Reuben H. Chase.

Dec. 10, æt. 76, Denver, Colo. Detroit Homœopathic College, 1872.

Dr. Henry L. Obetz.

Detroit, Dec. 20, æt. 63. Cleveland Homœopathic College, 1874.

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BOOK REVIEWS.

Organon of the Rational Art of Healing. By Samuel Hahnemann.

The publication of the Organon in the Everyman's Library owes its inception to the British Homœopathic Medical Society. This is a translation by Dr. C. E. Wheeler of that Society. A useful rubric therein is the bibliography of Hahnemann which seems to be very complete. We are very glad to see this work placed in this library, as it will be available to those who possess enough scientific interest and spirit to procure and read the same. We believe, however, that as a propagandistic work it will not be a success for the reason that, generally speaking, the Organon of Hahnemann is very difficult reading for the layman, and frequently so difficult for the physician that it is neglected. This edition is translated from the first edition of Hahnemann, and will possess a particular merit, as all of the previous translations in the English language are from later editions. We believe that this is the 44th or 45th edition of this work.

The Doctor in Court. By Edwin Valentine Mitchell, LL. B. Rebman Co., New York. 1913.

This little book is a most useful and interesting one. It deals with legal questions and general principles of law relating to the medical profession. It is not exhaustive but sufficiently so for ordinary purposes. The chapters are the following: Professional Evidence, The Contract of the Profession, Civil Responsibility, Remuneration, Confidential Communications, Criminal Responsibility and Qualifications. It is a very readable book, and we believe it will especially apply to students of medicine. We commend the same.

Progressive Medicine, Volume XV., No. 4, 1913. Lea & Febiger, Philadelphia and New York.

This excellent quarterly contains the usual number of excellent papers in different branches of medicine. For purposes of keeping abreast of the times there is no better publication than Progressive Medicine. The contributors are always men who are foremost in the medical field, and it is not infrequent that a single article is worth the price of the whole series. This is the case of the number of December 1st, which has just come to our table, which contains an article on shock that is especially valuable.

The Practitioner's Visiting List for 1914. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contains 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two parts. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

Being in its thirtieth year of issue, The Practitioner's Visiting List embodies the results of long experience and study devoted to its development and perfection.

It is issued in four styles to meet the requirements of every practitioner: "Weekly," dated for 30 patients; "Monthly," undated for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year, and "60 Patients," undated, for 60 patients weekly per year.

The text portion of The Practitioner's Visiting List for 1914 has been thoroughly revised and brought up-to-date. It contains among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instruction for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.